

ABCID				<del>,</del>					
TRANS	SMITTAL F	ORM	Application No.	<u> </u>	5,299				
			Filing Date	<del></del>	h 12, 2001				
(to be used for all correspondence after initial filing)			First Named Inventor	Virgi	nia L. Robbins				
			Art Unit	2135					
			Examiner Name	Paula W. Klimach					
Total Number of F	Pages in This Submission	on 26	Attorney Docket Number	42390	DP10446				
ENCLOSURES (check all that apply)									
Fee Transmittal	Form	Drawing(s)	)		After Allowance Communication to Group				
Fee Attact	Fee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences				
Amendment / Response		Petition		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)					
After Final Affidavits/declaration(s)		Petition to Convert a Provisional Application		Proprietary Information					
Extension of Time Request		Power of Attorney, Revocation Change of Correspondence Address		Status Letter					
Express Abandonment Request		Terminal Disclaimer		Other Enclosure(s) (please identify below):					
Information Disclosure Statement		Request for Refund		R	eturn receipt postcard				
PTO/SB/08		CD, Number of CD(s)							
Certified Copy of Priority Document(s)									
Response to Mis Incomplete Appli	ssing Parts/ cation	Bomosko							
Basic Filing Fee									
Declaration/POA									
Response Parts und 1.52 or 1.5	e to Missing er 37 CFR 53		·						
	SIGNATUR	E OF APPLICA	NT, ATTORNEY, OR A	GENT					
Firm	Dieven Edut, Reg. 110. 47,750								
or Individual name BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP									
Signature Signature									
Date August 11, 2005									
CERTIFICATE OF MAILING/TRANSMISSION									
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.									
Typed or printed name Jean Syoboda									
Signature	1	Ho		Date	August 11, 2005				

Signature

		DA	MONAI	TTAI			Complete if Known	
ABENA				ŢTAL		Application Number	09/805,299	
	tc	r F	Y 200	5		Filing Date	March 12, 2001	
	Patent i	ees are sub	ject to annual rev	rision.		First Named Inventor	Virginia L. Robbins	
Applica	nt claims s	mall entit	ty status. Se	e 37 CFR 1.27.		Examiner Name	Paula W. Klimach	
			-	1		Art Unit	2135	
TOTAL	MOUNT	OF PAY	MENI	(\$)	0.00	Attorney Docket No.	42390P10446	
METHO	D OF PA	YMEN	T (check a	II that apply)				
Check [	Credit	card [	Money (	Order No.	ne 🔲 C	Other (please identify	):	
-			•	Number: 02		•	ne: Blakely, Sokoloff, Taylor & Zafman	LL
⊠ Ch un	arge any der 37 C	additio		r underpayme , 1.18 and 1.2			s) indicated below, except for the filing fedoverpayments	e 
E CALCU	LATION							
1202 50 1201 200 1203 360 1204 300 1206 300	2202 2201 2203 2204	(\$) 25 C 100 In 180 M 150 ***	Reissue indepen	of 20		nt **or nur	nber previously paid, if greater, For Reissues, see below	
1202 50 1201 200 1203 360 1204 300 1205 300	Code   2202   2201   2203   2204   2205	(\$) 25 C 100 In 180 M 150 *** 150 *** SUBTO	claims in excess of dependent claim Aultiple Depender Reissue indepen Reissue claims in DTAL (1)	of 20 is in excess of 3 nt claim, if not paid dent claims over origin n excess of 20 and ov	ver original pater	nt ***o <i>r nur</i>	nber previously paid, if greater, For Reissues, see below	
1202 50 1201 200 1203 360 1204 300 1205 300 2 ADI Large E	Code   2202   2201   2203   2204   2205	(\$) 25 C 100 In 180 M 150 *** 150 *** SUBTO	claims in excess of dependent claim Aultiple Depender Reissue indepen Reissue claims in DTAL (1)	of 20 as in excess of 3 at claim, if not paid dent claims over origi n excess of 20 and or (\$)	ver original pater	nt **or <i>nur</i>		
1202 50 1201 200 1203 360 1204 300 1205 300 2 ADI Large E	Code   2202   2201   2203   2204   2205	(\$) 25 C 100 In 180 *** 150 *** SUBTO  FEES mail Entity  ** ** ** ** ** ** ** ** ** ** ** ** *	claims in excess of dependent claim fultiple Depender Reissue indepen Reissue claims in OTAL (1)	of 20 Is in excess of 3 In claim, if not paid dent claims over origin excess of 20 and over (\$)	ver original pater	nt **o <i>r nur</i>	nber previously paid, if greater, For Reissues, see below  Fee Paid	
1202 5 1201 200 1203 360 1204 300 1205 300 2 ADI Large E	Code   2202   2201   2203   2204   2205	25 C 100 In 180 M 150 SUBTO  FEES mall Entity  65 Fee (\$)	itaims in excess of adependent claim fultiple Depender Reissue indepen Reissue claims in DTAL (1)	of 20 as in excess of 3 at claim, if not paid dent claims over origi n excess of 20 and or (\$)	0.00	nt		
1202   50   1201   200   1204   300   1205   300   1205   300   1205   1204   1204   1205	Code   2202   2201   2203   2204   2205     205	25 C C 100 In 180 M 150 *** 150 *** SUBTO  FEES mall Entity  6 (\$) 51 65 52 25 53 130	itaims in excess of adependent claim fultiple Depender Reissue indepen Reissue claims in DTAL (1)  Surcharge - late Surcharge - late Non-English sp	of 20 as in excess of 3 at claim, if not paid dent claims over origin n excess of 20 and or  (\$)  Fee Description of the provisional filing fee ecification	0.00 0.00 0.00	nt		
1202 50 1201 200 1203 360 1204 300 1205 300  2 ADI Large E Fee Code  1051 1052	Code   2202   2201   2203   2204   2205	(\$) 25 C 100 In 180 M 150 *** SUBTO  FEES mall Entity 100 Fee 4 (\$) 51 65 52 25 53 130 51 60	claims in excess of dependent claim fultiple Dependent Reissue indepen Reissue claims in DTAL (1)  Surcharge - late Surcharge - late Non-English spectension for re	of 20 as in excess of 3 ant claim, if not paid dent claims over origin n excess of 20 and or  (\$)  Fee Description of thing fee or oath or provisional filing fee	0.00  0.00  0.00	nt		
1202   50	Code 2202 2201 2203 2204 2205 Contition AL 205 Code 200 200 200 200 200 200 200 200 200 20	25 C 100 In 180 M 150 *** SUBTO  FEES mall Entity (\$) 66 (\$) 65 22 25 33 130 60 52 225 33 510	staims in excess of adependent claim fultiple Depender Reissue indepen Reissue claims in DTAL (1)  Surcharge - late Surcharge - late Surcharge - late Non-English spextension for ree Extension for ree	of 20 as in excess of 3 ant claim, if not paid dent claims over origin n excess of 20 and or  (\$)  Fee Description e filing fee or oath a provisional filing fee ecification eptly within first month eptly within second mo	0.00  0.00  or cover sheet.	nt		
1202   50	Code 2202 2201 2203 2204 2205 205 20 20 20 20 20 20 20 20 20 20 20 20 20	25 C C 100 In 180 M 150 150 150 150 150 150 150 150 150 150	staims in excess of adependent claim fultiple Depender Reissue indepen Reissue claims in DTAL (1)  Surcharge - late Surcharge - late Non-English spe Extension for re Extension for re Extension for re Extension for re	of 20 Is in excess of 3 Int claim, if not paid dent claims over origin n excess of 20 and or  (\$)  Fee Description of the provisional filing fee edification puly within first month oply within second mo oply within third month oply within though within fourth month oply within fourth month	0.00  0.00  or cover sheet.	nt		
1202   50   1201   200   1201   200   1204   300   1205   300   1205   300   1205	Code 2202 2201 2203 2204 2205 20 210 20 20 130 20 120 22 450 22 1,590 22 1,590 22 1,590 24 500 20 20 20 20 20 20 20 20 20 20 20 20 2	(\$) 25 C 100 In 180 M 150 *** SUBTO  **  **  **  **  **  **  **  **  **	claims in excess of dependent claim fultiple Dependent Reissue indepen Reissue claims in DTAL (1)  Surcharge - late Surcharge - late Surcharge - late Non-English spextension for re Extension for re Extension for re Extension for re Extension for re Rotice of Appear	of 20 as in excess of 3 ant claim, if not paid dent claims over origin n excess of 20 and or  (\$)  Fee Description e filing fee or oath a provisional filing fee ecification eply within first month apply within second mo	0.00  0.00  or cover sheet.	nt		
2 ADI Large E Fee Code 1253 1251 1252 1253 1254 1401 1402	Code 2202 2201 2203 2204 2205 201 130 20 130 20 130 20 1450 22 1500 22 1500 24 500 24 500 24 1	25 C C 100 In 180 M 150 *** 150 *** 150 *** SUBTO  FEES mall Entity (\$) 61 65 22 25 33 510 64 795 55 100 101 250 101 2	claims in excess of dependent claim fultiple Dependent Reissue indepen Reissue claims in DTAL (1)  Surcharge - late Surcharge - late Non-English spe Extension for re Extension for re Extension for re Extension for re Rotice of Appear Filing a brief in	of 20 as in excess of 3 ant claim, if not paid dent claims over origin n excess of 20 and or  (\$)  Fee Description e filing fee or oath a provisional filing fee ecification apply within first month apply within first month apply within fourth montapply within fourth montapply within first month all support of an appeal	0.00  0.00  or cover sheet.	nt		
1202   50     1202   50     1201   200     1203   360     1205   300     2	Code 2202 2201 2203 2204 2205 20 210 20 20 130 20 120 22 450 22 1,590 22 1,590 22 1,590 24 500 20 20 20 20 20 20 20 20 20 20 20 20 2	25 C C 100 In 180 M 150 ***  ***  ***  ***  ***  ***  ***  **	daims in excess of adependent claim fultiple Depender Reissue indepen Reissue claims in DTAL (1)  Surcharge - late Surcharge - late Surcharge - late Non-English spettension for reextension f	of 20 as in excess of 3 ant claim, if not paid dent claims over origin n excess of 20 and or  (\$)  Fee Description of filing fee or oath of provisional filing fee ecification apply within first month opply within third month opply within first month opply within fifth month opply within fifth month opply within fifth month opply within fifth month opply within fourth month opply	0.00  0.00  o or cover sheet.	nt		
Code (\$) 1202 5. 1201 20. 1203 36. 1204 30. 1205 30.  2 ADI Large E  Fee Code  1051 1052 2053 1251 1252 1253 1254 1255 1401 1402 1403 1451 1460	Code 2202 2201 2203 2204 2205 20 20 20 20 20 20 20 20 20 20 20 20 20	(\$) 25 C 100 In 180 M 150 *** SUBTO  FEES mall Entity 164 Fee 6 (\$) 151 65 122 25 133 130 151 60 152 255 1,080 151 250 152 250 153 1,080 151 1,510 150 130	Surcharge - late Non-English spe Extension for re	of 20 as in excess of 3 ant claim, if not paid dent claims over origin n excess of 20 and or  (\$)  Fee Description e filing fee or oath a provisional filing fee edification puly within first month puly within first month puly within forth month support of an appeal al hearing ute a public use proc Commissioner	0.00  0.00	nt		
1202   50     1202   50     1203   300     1204   300     1205   300     2	Code 2202 2201 2203 2204 2206 20 20 20 20 20 20 20 20 20 20 20 20 20	(\$) 25 C 100 In 180 M 150 *** 150 *** SUBTO  FEES mall Entity 66 (\$) 51 65 52 25 53 130 51 60 52 25 53 510 54 795 55 1,080 00 12 250 03 500 15 1,510 00 17 50 06 180	Surcharge - late Non-English spextension for ree Extension for resulting a brief in Request for ora Petition to instit Petitions to the Processing fee Submission of	of 20 as in excess of 3 ant claim, if not paid dent claims over origin n excess of 20 and or  (\$)  Fee Description of filing fee or oath of provisional filing fee ecification apply within first month opply within third month opply within first month opply within fifth month opply within fifth month opply within fifth month opply within fifth month opply within fourth month opply	0.00  or cover sheet.  nonth h h h h could be a cover sheet.  reading	nt		

SUBMITTED BY			Com			plete (if applicable)	
Name (Print/Type)	Steven Laut	7)		Registration No. (Attorney/Agent)	47,736	Telephone	(310) 207-3800
Signature	7 -		4)		- "	Date	08/11/05

(\$)

SUBTOTAL (2)

Other fee (specify)



Attorney Docket No. 042390.P10446

Examiner: Paula W. Klimach

Art Unit: 2135

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Patent Application of:

Virginia L. Robbins et al.

Serial No. 09/805,299

Filed: March 12, 2001

For: METHOD AND APPARATUS FOR

ADAPTING SYMMETRIC KEY

ALGORITHM TO SEMI SYMMETRIC

**ALGORITHM** 

## AMENDMENT AND RESPONSE TO OFFICE ACTION

Mail Stop Amendments Commissioner for Patents P. O. 1450 Alexandria, VA 22313-1450

## Dear Commissioner:

In response to the Office Action mailed June 14, 2005, regarding the above-referenced application, Applicant respectfully requests entry of the amendment set forth below and consideration of the remarks that follow.